

Health Agency Leaders Share Progress at Town Hall

By Michael Wilson



Over one thousand employees from DHS, DMH and DPH tuned in via tele video-conference and in-person at the Health Administration Building on May 4 to hear leaders and staff of the LA County Health Agency share their views on integrating services and working side-by-side with labor partners to improve services to clients. The forum gave staff a first opportunity to hear from DPH director Dr. Barbara Ferrer. DMH chief deputy director Dr. Robin Kay filled in for newly-appointed DMH director Dr. Johnathan Sherin, who could not attend. During a Q&A session, agency leaders touched on key efforts including moving chronically homeless persons into supportive housing, addressing the opioid epidemic, increasing service co-location, and optimizing Health Information Technology (HIT) efforts to drive closer coordination among

three departments. The three directors also laid out a vision to address many of the root causes of poor health. When news that an ACA-repeal bill (American Health Care Act) passed in the House of Representatives during the town hall session, agency leaders used the opportunity to discuss the gains of expanded coverage in the County, telling participants to stay focused on providing great care no matter how the political clouds shift. Participants also heard a presentation on 'Just Culture,' a new Health Agency approach that looks at identifying process faults when adverse events occur, rather than placing blame on providers and staff. Katz described his own experience treating patients at the Roybal Health Center Urgent Care and the challenges of making clinical decisions quickly. "If a patient

(See 'TOWN HALL' on back)



A Message From the Director



Mitch Katz, MD

There was great energy for our Agency Open House (see article to the right). Each one draws a larger crowd to the auditorium and to the growing number of distant sites where we are virtually hooked up. For this open house we were joined for the first time by the Correctional Health Program. They have joined DHS and we are thrilled to have them. A common theme was how together with organized labor we have been able to accomplish things for our patients and our communities that would not be possible before. One of my favorite new models the Department of Mental Health is building in all their new clinics is an examination room for a primary care doctor. In this way, clients of Mental Health can receive primary care in a setting that they are most comfortable in. The highlight of the town hall were videos of the finalists for the Agency logo and motto. Frank Duarte was the winner with his logo above. Previously an employee of Department of Mental Health, he now works at Correctional Health. He talked about wanting an image of celebration like confetti going up in the air. Our Agency motto was conceived of by Uriel del Rios of the Department of Public Health. He spoke of wanting a motto that was simple and conveyed who we were: Our Health, Our Community, Our Los Angeles County. It was a great meeting. Best Wishes.

Self-Service Data Coming Soon

By Michael Wilson

Pulling data is getting easier with the launch of Phase 2 of the Comprehensive Enterprise Data Analytics Repository, called CEDAR for short. Don't confuse it with ELM, MAPLE or CACTUS. CEDAR is basically a huge online database that aggregates patient information from ORCHID, Affinity, Etreby, Managed Care Services and other data sources into a single place, with dashboards and reports available with a simple point-and-click interface to do customized queries. Users can access the dashboards and reports on demand from their computer browser. The dashboards are completely self-service, eliminating the need to submit a request. A key feature is built-in graphical dashboards that can display, for example, metrics on empanelment and managed



(See 'CEDAR' on back)

L.A. County Awarded \$5 million for Jail Diversion Effort

By Michael Wilson

A program to identify 300 low-level offenders in greater Long Beach arrested for drug and prostitution offenses and divert them from jail into housing and treatment has been funded by a \$5.9 million grant by the California Board of State Community Corrections (BSCC). The pilot program site is a 5 mile area around Long Beach Boulevard, including a portion of the LA River and a large homeless encampment.

The L.A. County Law Enforcement Assisted Diversion (LEAD) effort is a community-based diversion approach that aims to improve public safety and reduce unnecessary justice system involvement of people who participate in the program.

LEAD is a partnership between the County of Los Angeles, including the Sheriff's Department, District Attorney, Probation, the Department of Health Services' Office of Diversion and Reentry, the Department of Public Health, the Long Beach Police Department and other agencies.

"This funding will help us continue our important work to bolster community safety and improve health outcomes for vulnerable and at-risk populations including people with substance abuse disorders," said Peter Espinoza, director of the DHS Office of Diversion and Reentry (ODR). LEAD was developed originally in Seattle as a response to lawsuits about racial profiling in policing. A pilot there showed promising results. Program evaluations found that three years post enrollment, participants had 58% lower odds of being arrested and nearly 40% lower odds of being charged with a felony. ODR program lead and justice population advocate Shoshanna Scholar sees the clear upside. "What they found in Seattle is that you actually use a tool of human services, but it's a public safety in-



tervention. Breaking the cycle of incarceration and self-harm improves community safety and also reduces downstream healthcare, criminal justice and societal costs.

Scholar says untreated mental illness and drug problems are drivers of crimes like prostitution. Case-managed treatment combined with linkages to affordable housing offers the best chance to re-integrate individuals to their communities. The program is voluntary and not

targeted to every offender. "Our focus is on people whose engagement with the criminal justice system is a result of unmet behavioral health needs," says Scholar. "These are individuals with histories of multiple periods of incarceration for behavioral health-motivated crimes." If persons who meet program criteria choose to enroll in the program in lieu of arrest, they must see an assigned case manager within 30 days and develop an individualized plan. The case manager and participant will work together towards meeting identified goals. Every two weeks a workgroup comprised of prosecutors, police and case managers meet to discuss indi-

vidual cases and challenges.

Sobriety is not a requirement to stay in the program, with focus instead placed on establishing trust and commitment with participants for the long-term. "You meet people where they are to stabilize and support them."

Potential participants will be found through several channels: during regular patrols, where a case manager would meet the individual with the LEAD officer at the point of arrest; preplanned operations, where several persons are arrested at the same time; or by being pre-identified and contacted by law enforcement. Participants will be linked to housing, health and mental healthcare, substance abuse treatment and supportive services.

LAC+USC Claims Gold

LAC+USC Medical Center has earned The Joint Commission's Gold Seal of Approval® for Hospital Accreditation by demonstrating continuous compliance with its performance standards. The Gold Seal of Approval® is a symbol of quality that reflects an organization's commitment to providing safe and effective patient care.



LAC+USC underwent a rigorous, unannounced onsite survey the week of January 23. Joint Commission surveys are conducted triennially (every three years). Joint Commission expert surveyors evaluated compliance with hospital standards related to several areas, including emergency management, environment of care, infection prevention and control, leadership, and medication management. Surveyors also conducted onsite observations and interviews.

"We are an organization of committed employees that strives to provide the gold standard of care to every patient, every day, and this accreditation is validation of our hard work," said LAC+USC interim chief executive Bonnie Bilitch, RN. "I am so proud of our staff for meeting that high bar and delivering exceptional care."

The Joint Commission has accredited hospitals for more than 60 years. More than 4,000 general, children's, long-term acute, psychiatric, rehabilitation and specialty hospitals currently maintain accreditation from The Joint Commission, awarded for a three-year period. In addition, approximately 360 critical access hospitals maintain accreditation through a separate program.

The Joint Commission's hospital standards are developed in consultation with health care experts and providers, measurement experts and patients. The standards are informed by scientific literature and expert consensus to help hospitals measure, assess and improve performance. In November, 2016, the LAC+USC Advanced Primary Stroke Center was awarded certification by the Joint Commission for 24 months. Special thanks to Victoria Walsh, Ramon Sanchez and Dr. Paul Holtom.

(‘TOWN HALL’)

presents with chest pain, I don't know if it's a heart attack or the person has a broken heart," he said. "I have to make quick decisions based on what I know, and I shouldn't be second-guessed by colleagues after the fact."

A new agency logo and motto was also unveiled for the first time. The semi-finalists and finalists were given a chance to express their thoughts about the Health Agency. Frank Duarte from DMH and Uriel del Rios from DPH were presented with County scrolls for the logo design and tagline. A newly-launched Health Agency website was also shown. Leaders also announced that the Health Agency will officially be recognized as "one network" on May 30 with the roll-out of the new Health Agency Notice of Privacy Practices and information sharing policy for clients and staff.

(‘CEDAR’)

care. With a few clicks, an employee at a DHS health center can quickly see how many patients have been assigned to an individual clinic, or how many patients have disenrolled, and the reasons why. Data can be sliced and diced to show specific clinics, age groups, and so on.

"CEDAR is a big step forward for the organization," says DHS data analytics head Irene Dyer. "The ability to quickly access a wealth of system data from your workstation with an intuitive interface makes data reporting and performance analysis much easier and more productive."

Dyer said new dashboards and reports will be released in May, June and July during a phased rollout with enhanced workload metrics coming by midsummer. Additional tools for pulling data from CEDAR will also be available by midsummer.